



Central East
**REGIONAL
 CARDIOVASCULAR
 REHAB**

Exercise Therapist
 Phone: _____ ext.
 Email: _____
 Fax: _____

Patient's Name: _____

Exercise Prescription: Always warm up before you exercise and cool down after you exercise.

This week: _____, ____ days and resistance training (RT) ____ days

Exercise heart rate _____ bpm _____ beats/10 seconds

RPE Scale (Rating of Percieved Exertion):

6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
 Effortless Very Light.....Fairly Light..... Somewhat Hard..... Hard.....Very Hard Maximum Effort

Date	RT	RPE	Cardio	Distance	Minutes	Heart Rate			RPE	Comments

My total cardio exercise minutes this week = _____ min

Visit to doctors/hospital/clinics or medication changes



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RESISTANCE TRAINING

Instructions:

At home, complete 10 repetitions of one exercise from each muscle group. Repeat for a second set. Use the front of the diary to report the days of the week you complete resistance training (RT).

Weight/Band Colour: _____

Legs	Back	Chest/Shoulders	Arms	Core
Other:	Other:	Other:	Other:	Other: